

Division of Public Health Services

Office of the Director

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JANET NAPOLITANO, GOVERNOR
SUSAN GERARD, DIRECTOR

ARIZONA DEPARTMENT OF HEALTH SERVICES

**ADMINISTRATIVE ORDER 2007-01
(Emergency Measures for *Trypanasoma cruzi* Infection)**

WHEREAS, the Director of the Department of Health Services may define and prescribe emergency measures for detecting, reporting, preventing and controlling communicable or infectious diseases or conditions if the Director has reasonable cause to believe that a serious threat to public health and welfare exists, pursuant to A.R.S.~§ 36-136(G); and

WHEREAS, there is a need to make the *Trypanasoma cruzi* infection reportable as an emergency measure under the authority of A.R.S.~§ 36-136(G); and

WHEREAS, the need for the emergency measures is established by the following:

1. *Trypanasoma cruzi*, the parasite which causes Chagas disease, is endemic in Mexico, Central and South America. Due to the increasing level of immigration from these countries, an ever increasing sector of Arizona's population will be affected by this disease. The emergency measures will make it possible to begin assessing the level of impact that Chagas disease has on the population of Arizona.
2. Blood banks throughout the country, including Arizona, began screening all blood from donors on January 29th, 2007, due to the risk of *T. cruzi* transmission via blood transfusion. On December 13, 2006, the Food and Drug Administration approved a screening test for this purpose. The emergency measures are needed to ensure the reporting and sharing of patient confidential information related to this disease by physicians, laboratories, and blood banks with public health agencies.
3. ADHS and local health agencies can provide information on how to seek medical assessment and proper care for *T. cruzi* infection in Arizona to those donors who have repeat reactive tests during screening. Notification and proper medical care of women of child bearing age who are positive donors is important to prevent transmission to the fetus.
4. The Centers for Disease Control and Prevention is considering making Chagas disease nationally reportable, and the Council of State and Territorial Epidemiologists (CSTE) will be discussing surveillance for *T. cruzi* infection at the annual CSTE meeting in June 2007.
5. Chagas disease represents a threat to the public's health. Without treatment during the acute phase, persons become chronically infected. Ten to forty years after initial infection, 20 – 30% of chronic cases experience life threatening complications such as heart failure or cardiac arrest and enlargement of the esophagus or large bowel, which results in problems with swallowing or severe constipation. Treatment of chronically infected persons (especially children) may eliminate parasites in up to 60% of cases. Treatment of infected pregnant women can prevent transmission to the fetus.

NOW, THEREFORE, I, Susan Gerard, by virtue of the authority vested in me as the Director of the Arizona Department of Health Services, do hereby Order the following emergency measures to be adopted for detecting, reporting, preventing and controlling *Trypanasoma cruzi* infection in Arizona:

1. *Trypanasoma cruzi* infection is added to the list of reportable conditions in R9-6-202 Reporting Requirements for a Health Care Provider or an Administrator of a Health Care Institution or Correctional Facility, Table 1. A report shall be submitted to the local health agency of a case or suspected case within 5 business days of diagnosis, treatment or detection.
2. Per R9-6-202 Reporting Requirements for a Health Care Provider or an Administrator of a Health Care Institution or Correctional Facility (C). Except as described in subsections (D) and (E), for each case, suspect case, or occurrence for which a report is required by subsection (A) or (B) and Table 1, a health care provider or an administrator of a health care institution or correctional facility shall submit a report that includes:
 1. The following information about the case or suspect case:
 - a. Name;
 - b. Residential and mailing addresses;
 - c. Whether the individual resides on or off an Indian reservation and, if on, the name of the reservation;
 - d. Telephone number;
 - e. Date of birth;
 - f. Race and ethnicity;
 - g. If Native American, tribal affiliation, if known;
 - h. Gender;
 - i. If known, whether the individual is pregnant;
 - j. Occupation;
 - k. For a case or suspect case who is a child requiring parental consent for treatment, the name, residential address, and telephone number of the child's parent or guardian, if known;
 2. The following information about the disease:
 - a. The name of the disease;
 - b. The date of onset of symptoms;
 - c. The date of diagnosis;
 - d. The date of specimen collection;
 - e. Each type of specimen collected;
 - f. Each type of laboratory test completed;
 - g. The date of laboratory confirmation; and
 - h. A description of the laboratory test results, including quantitative values if available;
- G. Except as provided in Table 1, a health care provider or an administrator of a health care institution or correctional facility shall, either personally or through a representative, submit a report required under this Section:
 1. By telephone;
 2. In a document sent by fax, delivery service, or mail; or
 3. Through an electronic reporting system authorized by the Department.
2. *Trypanasoma cruzi* is added to R9-6-204 Clinical Laboratory Director Reporting Requirements , Table 3. A report shall be submitted to the Department within five

working days of obtaining a positive result or test result in specified in Table 3. A positive on a radioimmunoprecipitin assay or Federal Drug Administration approved test for *Trypanasoma cruzi* shall be reportable under this measure.

4. Per R9-6-204 Clinical Laboratory Director Reporting Requirements

B. Except as provided in Table 3, for each test result for which a report is required by subsection (A) and Table 3, a clinical laboratory director shall submit a report that includes:

1. Unless the test result is from anonymous HIV testing as described in R9-6-339, the name and, if available, the address and telephone number of the subject;
2. Unless the test result is from anonymous HIV testing as described in R9-6-339, the date of birth of the subject;
3. The laboratory identification number;
4. The specimen type;
5. The date of collection of the specimen;
6. The type of test completed on the specimen;
7. The test result, including quantitative values if available; and
8. The ordering health care provider's name and telephone number.

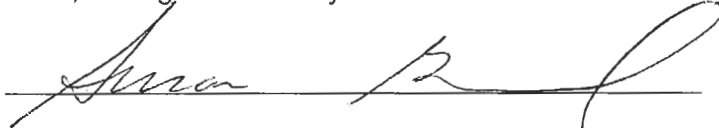
C. For each specimen for which an immediate report is required by subsection (A) and Table 3, a clinical laboratory director shall submit a report that includes:

1. The name and, if available, the address and telephone number of the subject;
2. The date of birth of the subject;
3. The laboratory identification number;
4. The specimen type;
5. The date of collection of the specimen;
6. The type of test ordered on the specimen; and
7. The ordering health care provider's name and telephone number.

D. A clinical laboratory director shall submit a report by telephone; in a document sent by fax, delivery service, or mail; or through an electronic reporting system authorized by the Department. Except as provided in Table 3, each report shall contain the information required under subsection (B) or (C).

5. A local health agency shall ensure reported cases are provided information on the treatment of Chagas Disease, possible facilities or physicians for further evaluation, and the risk of fetal transmission for women of child bearing age.

I have executed this Order on this day 14th February, 2007, having the authority to do so under Arizona Law.



ON this 14th day of February, 2007, Susan Gerard, Director of the Arizona Department of Health Services signed and acknowledged this document in my presence.

